

**City of Wichita-Municipal Court**  
**455 N. Main Street • Wichita, KS 67202**

**Housing Code Diversion Application**

***A non-refundable \$25.00 application fee must be paid with this application  
to initiate the diversion process.***

Docket Number: \_\_\_\_\_ Attorney: \_\_\_\_\_

Court Date: \_\_\_\_\_

**ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE NUMBER-HOME (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

**LIST ALL PREVIOUS ADDRESSES FOR THE LAST 3 YEARS:**

Address _____	City _____	State _____	Zip _____
Address _____	City _____	State _____	Zip _____
Address _____	City _____	State _____	Zip _____

LIST ANY ALIAS/MAIDEN NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SINGLE \_\_\_\_ MARRIED \_\_\_\_ DIVORCED \_\_\_\_ SEPARATED \_\_\_\_  
IF MARRIED, SPOUSE'S FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
NAME ALL DEPENDENTS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE OF ISSUANCE \_\_\_\_\_

CLOSEST RELATIVE NOT PRESENTLY LIVING WITH YOU: NAME \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**WORK EXPERIENCE**

PRESENT EMPLOYER \_\_\_\_\_ HOW LONG? \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_  
WEEKLY SALARY \$ \_\_\_\_\_ SUPERVISOR'S  
NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ JOB TITLE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ JOB TITLE \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION COMPLETED \_\_\_\_\_  
WHAT COUNTY ARE YOU CURRENTLY A RESIDENT OF \_\_\_\_\_  
WHAT STATE \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL RECORD**  
**(ATTACH ADDITIONAL PAGES IF NECESSARY)**

List **ALL** prior or pending offenses, including criminal, traffic and juvenile.  
Include **ALL** arrests and convictions, even if subsequently expunged.  
Also, list any other diversion programs you have previously participated in.

Date	Offense	Location	Disposition	Parole/Probation Officer

PLEASE STATE THE ADDRESS FOR THE HOUSING VIOLATIONS: \_\_\_\_\_

DO YOU OWN OR RENT THIS BUILDING OR DWELLING? rent\_\_\_\_\_ own\_\_\_\_\_

DO YOU RESIDE AT THIS ADDRESS? yes\_\_\_\_\_ no\_\_\_\_\_

DO YOU OWN OTHER PROPERTY? If yes, please list addresses: \_\_\_\_\_

DO YOU NEED ASSISTANCE WITH MAKING REPAIRS? yes\_\_\_\_\_ no\_\_\_\_\_

If yes, what sources have you contacted to obtain assistance: \_\_\_\_\_

HOW LONG DO YOU BELIEVE IT WILL TAKE TO CORRECT THE VIOLATIONS FOR WHICH YOU ARE CITED? \_\_\_\_\_

PLEASE STATE WHAT YOU BELIEVE TO BE ANY MITIGATING FACTORS CONCERNING THE CRIME(S) WITH WHICH YOU ARE CHARGED:

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EXPLAIN WHY YOU FEEL YOU COULD SUCCESSFULLY COMPLETE THE DIVERSION PROGRAM:

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I have read the foregoing application. All of the information is true and correct. I understand that if any of the foregoing information is not true and correct, this may be a basis for denial of the diversion or a revocation of my diversion. I request a continuance of the court date for my case to allow the City time to review my application and obtain the information necessary to determine whether or not a diversion can be granted. I understand that I have a right to a speedy trial and I knowingly and voluntarily waive the right to speedy trial.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date